

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

<b>1. Agency Name</b> <u>Recreation and Community Services, PRNS</u>		RECEIVED San Jose City Clerk 2016 NOV 21 PM 3:28 SP 10M	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) <u>Keila Cisneros, Recreation Leader</u> Designated Agency Contact (Name, Title)			
Area Code/Phone Number <u>(408) 793-5594</u>	E-mail <u>keila.cisneros@sanjoseca.gov</u>	<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 303

Event Description: Bellator MMA Date(s) 11/19/16  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☐ If yes: \_\_\_\_\_  
Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Passes	Describe the public purpose made pursuant to the agency's policy
<u>Parks, Recreation and Neighborhood Services</u>	<u>24</u>	<u>Recognition of Summer Park Activation staff</u>
B. Name of Individual (Last, First)	Number of Ticket(s)/Passes	Identify one of the following:
<u>Hernandez, Marco</u>		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Passes	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

[Signature]      Keila Cisneros      Recreation Leader      11/18/16  
 Signature of Agency Head or Designee      Print Name      Title      (month, day, year)

Comment: \_\_\_\_\_